

Facility Name & ID Number Maple Lawn Health Center

0042424 Report Period Beginning: 01-Jan-05 Ending: 31-Dec-05

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____					
	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>89</u>	Skilled (SNF)	<u>89</u>	<u>32,485</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	<u>29</u>	Sheltered Care (SC)	<u>29</u>	<u>10,585</u>	5
6		ICF/DD 16 or Less			6
7	118	TOTALS	118	43,070	7

B. Census-For the entire report period.					
	1	2	3	4	5
	Level of Care	Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	Total
8	SNF	<u>658</u>	<u>1,325</u>	<u>1,929</u>	<u>3,912</u>
9	SNF/PED				
10	ICF	<u>11,983</u>	<u>14,242</u>		<u>26,225</u>
11	ICF/DD				
12	SC	<u>409</u>	<u>8,248</u>		<u>8,657</u>
13	DD 16 OR LESS				
14	TOTALS	13,050	23,815	1,929	38,794

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.07%

D. How many bed-hold days during this year were paid by the Department?
_____ (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 07/1922

J. Was the facility purchased or leased after January 1, 1978?
YES ☐ Date 07/1922 NO ☒

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 13 and days of care provided 1,929

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 31-Dec-05 Fiscal Year: 31-Dec-05
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Maple Lawn Health Center # 0042424 Report Period Beginning: 01-Jan-05 Ending: 31-Dec-05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	326,159	19,041	(2,695)	342,505		342,505		342,505			1
2	Food Purchase		274,707		274,707	268	274,975	(69,560)	205,415			2
3	Housekeeping	124,461	25,371	299	150,131		150,131		150,131			3
4	Laundry	92,427	9,639		102,066		102,066	(220)	101,846			4
5	Heat and Other Utilities			134,504	134,504		134,504	356	134,860			5
6	Maintenance		4,245	208,558	212,803		212,803	55,146	267,949			6
7	Other (specify):*											7
8	TOTAL General Services	543,047	333,003	340,666	1,216,716	268	1,216,984	(14,278)	1,202,706			8
	B. Health Care and Programs											
9	Medical Director			2,700	2,700		2,700		2,700			9
10	Nursing and Medical Records	1,817,005	101,757	153,363	2,072,125		2,072,125		2,072,125			10
10a	Therapy	43,604	1,314	185,814	230,732		230,732		230,732			10a
11	Activities	118,344	6,492	8,049	132,885		132,885		132,885			11
12	Social Services	61,632	925	29,051	91,608		91,608	(27,954)	63,654			12
13	CNA Training			600	600		600		600			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,040,585	110,488	379,577	2,530,650		2,530,650	(27,954)	2,502,696			16
	C. General Administration											
17	Administrative	95,265		400,000	495,265		495,265	(400,000)	95,265			17
18	Directors Fees											18
19	Professional Services			21,447	21,447	(499)	20,948	24,966	45,914			19
20	Dues, Fees, Subscriptions & Promotions			38,591	38,591	(874)	37,717	(5,995)	31,722			20
21	Clerical & General Office Expenses	50,449	6,151	74,899	131,499	1,708	133,207	36,330	169,537			21
22	Employee Benefits & Payroll Taxes			615,090	615,090		615,090	112,412	727,502			22
23	Inservice Training & Education			2,095	2,095	(268)	1,827		1,827			23
24	Travel and Seminar			5,441	5,441	(335)	5,106	(1,289)	3,817			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			77,648	77,648		77,648	6,800	84,448			26
27	Other (specify):*											27
28	TOTAL General Administration	145,714	6,151	1,235,211	1,387,076	(268)	1,386,808	(226,776)	1,160,032			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,729,346	449,642	1,955,454	5,134,442		5,134,442	(269,008)	4,865,434			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			189,923	189,923		189,923	52,909	242,832			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			71,830	71,830		71,830	(30,495)	41,335			32
33	Real Estate Taxes			2,736	2,736		2,736	89	2,825			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			1,546	1,546		1,546		1,546			35
36	Other (specify):*											36
37	TOTAL Ownership			266,035	266,035		266,035	22,503	288,538			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		44,365		44,365		44,365		44,365			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			48,728	48,728		48,728		48,728			42
43	Other (specify):*			75,013	75,013		75,013	(75,013)				43
44	TOTAL Special Cost Centers		44,365	123,741	168,106		168,106	(75,013)	93,093			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,729,346	494,007	2,345,230	5,568,583		5,568,583	(321,518)	5,247,065			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(68,823)	2.2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(2,492)	30.3		9
10	Interest and Other Investment Income	(31,020)	32.3		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(75,013)	43.3		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,308)	20.3		28
29	Other-Attach Schedule	50,720			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (127,936)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(193,582)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (193,582)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (321,518)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Maple Lawn Homes, Inc.	100%			Maple Lawn Apartments, Inc.		
					Eureka	Ret. Housing
				Maple Lawn Total Living Care, Inc.		
					Eureka	Home Care

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	5	Utilities	\$ 9,000	Maple Lawn Homes, Inc.	100.00%	\$ 9,356	\$ 356	1
2	V	6	Maintenance	135,681	Maple Lawn Homes, Inc.	100.00%	200,815	65,134	2
3	V	12	Social Services	27,954	Maple Lawn Homes, Inc.	100.00%	-	(27,954)	3
4	V	19	Professional Service	-	Maple Lawn Homes, Inc.	100.00%	24,966	24,966	4
5	V	21	Administrative and General	43,642	Maple Lawn Homes, Inc.	100.00%	102,812	59,170	5
6	V	17	Administrative and General	400,000	Maple Lawn Homes, Inc.	100.00%	-	(400,000)	6
7	V	22	Employee Benefits	-	Maple Lawn Homes, Inc.	100.00%	112,412	112,412	7
8	V	26	Insurance	-	Maple Lawn Homes, Inc.	100.00%	6,800	6,800	8
9	V	30	Depreciation	-	Maple Lawn Homes, Inc.	100.00%	39,050	39,050	9
10	V	32	Interest	-	Maple Lawn Homes, Inc.	100.00%	525	525	10
11	V	33	Real Estate Tax	-	Maple Lawn Homes, Inc.	100.00%	972	972	11
12	V	43	Development	75,013			-	(75,013)	12
13	V			-			-		13
14	Total			\$ 691,290			\$ 497,708	\$ * (193,582)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Maple Lawn Health Center # 0042424 Report Period Beginning: 01-Jan-05 Ending: 31-Dec-05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Maple Lawn Homes, Inc.
Street Address 700 North Main Street
City / State / Zip Code Eureka, IL 61530
Phone Number (309)467-2337
Fax Number (309)467-9097

B. Show the allocation of costs below. If necessary, please attach worksheets.

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Accumulated Cost	5,830,834	3	\$ 11,147	\$	4,893,826	\$ 9,356	1
2	6	Maintenance	Accumulated Cost	5,830,834	3	239,264	239,264	4,893,826	200,815	2
3	19	Professional Service	Accumulated Cost	5,830,834	3	29,746		4,893,826	24,966	3
4	21	Supplies	Accumulated Cost	5,830,834	3	14,380		4,893,826	12,069	4
5	21	Administrative and General	Accumulated Cost	5,830,834	3	108,117	114,875	4,893,826	90,743	5
6	22	Employee Benefits	Accumulated Cost	5,830,834	3	133,935		4,893,826	112,412	6
7	26	Insurance - Prop. Liab.	Accumulated Cost	5,830,834	3	8,102		4,893,826	6,800	7
8	30	Depreciation	Accumulated Cost	5,830,834	3	46,527		4,893,826	39,050	8
9	32	Interest	Accumulated Cost	5,830,834	3	625		4,893,826	525	9
10	33	Real Estate Tax	Accumulated Cost	5,830,834	3	1,158		4,893,826	972	10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 593,001	\$ 354,139		\$ 497,708	25

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	FHA Mortgage # 1		X	Building	\$4,663.00	4/4/79	\$ 860,000	\$ 180,126	4/4/11	0.0500	\$ 11,411	1
2	FHA Mortgage # 2		X	Building	\$6,300.00	7/7/89	\$ 900,000	\$ 462,982	7/7/14	0.0650	\$ 32,399	2
3	FHA Mortgage # 5		x	Building	\$1,779.00	Aug-04	\$ 400,000	\$ 356,122	Aug-34	0.0413	\$ 3,762	3
4	City of Eureka Bonds		X	Building	\$3,465.00	7/7/89	\$ 455,000	\$ 214,479	7/7/12	0.0340	\$ 5,132	4
5	FHA Mortgage # 4		X	Building	\$5,500.00	Oct-04	\$ 305,000	\$ 1,070,925	Oct-34	0.0438	\$ 14,667	5
	Working Capital											
6	Heartland		X	Line of credit	varies	Apr-04	112,000		Apr-06	0.0713	1,805	6
7	Maple Lawn Homes, Inc.	X		Operating	varies	Jun-05	153,000		N/A	N/A	130	7
8												8
9	TOTAL Facility Related				\$21,707.00		\$ 3,185,000	\$ 2,284,634			\$ 69,306	9
	B. Non-Facility Related*											
10	Other Long-Term Care Related Debt											10
11	FHA Mortgage # 3		X	Building	\$665.00	7/7/89	90,000		7/7/14	0.0713	1,824	11
12	Kronos Leasing		X	Building	\$1,399.00	Dec-04	32,543		Nov-06	0.0118	699	12
13										Rounding	1	13
14	TOTAL Non-Facility Related				\$2,064.00		\$ 122,543	\$			\$ 2,524	14
15	TOTALS (line 9+line14)						\$ 3,307,543	\$ 2,284,634			\$ 71,830	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.	\$	None	Line #
----------------------------------------------------------------------------------------------------------------	----	------	--------

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		<div>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</div>			
1. Real Estate Tax accrual used on 2004 report.				\$2,668	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$2,679	2
3. Under or (over) accrual (line 2 minus line 1).				\$11	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)				\$2,813	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$2,825	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2000	2,473	8	
		2001	2,566	9	
		2002	2,589	10	
		2003	2,603	11	
		2004	2,679	12	
C/Y accrual based on prior year tax paid.					

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2004	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Maple Lawn Health Center COUNTY Woodford
FACILITY IDPH LICENSE NUMBER 0042424
CONTACT PERSON REGARDING THIS REPORT Garry Guimond
TELEPHONE (309) 467-2337 FAX #: (309) 467-9097

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A)	(B)	(C)	(D)
	Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1.	<u>13-12-201-026</u>	<u>Beauty Shop</u>	\$ <u>2,679</u>	\$ <u>2,679</u>
2.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
3.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
		TOTALS	\$ <u>2,679</u>	\$ <u>2,679</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 42,837 B. General Construction Type: Exterior Brick Frame Brick & Steel Number of Stories Two

C. Does the Operating Entity? ☒ (a) Own the Facility ☐ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).

Maple Lawn Homes, Inc. - Residential Housing, Administrative & General Services
Maple Lawn Apartments, Inc. - Retirement Housing
Maple Lawn Total Living Care, Inc. - Home Care

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Health Center	85,000	1965	\$ 1,386	1
2	Health Center	39,000	1969	1,000	2
3	TOTALS	124,000		\$ 2,386	3

Facility Name & ID Number Maple Lawn Health Center# 0042424

Report Period Beginning:

01-Jan-05

Ending:

31-Dec-05**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	80		1965	1965	\$ 472,000	\$ 7,867	60	\$ 7,867	\$	\$ 321,879	4
5			1974	1974	20,378	408	50	408		12,791	5
6			1980	1980	750,017	16,667	45	16,667		431,616	6
7			1982	1982	7,703		20			7,703	7
8	38		1989	1989	1,459,363	32,431	45	32,430	(1)	535,099	8
	Improvement Type**										
9	7 Landscaping			1982	1,155		20			1,155	9
10	8 Trees			1984	1,125		20			1,125	10
11	9 Trees			1984	1,976		20			1,976	11
12	15 Landscaping - Front of HC			1992	1,100		10			1,100	12
13	16 Asphalt Repair			1993	4,058		10			4,058	13
14	17 Parking Lot Lighting			1995	1,282	64	10	65	1	1,282	14
15	18 Asphalt Parking Lot			1995	2,528		10	169	169	2,528	15
16	19 ADU Enclosure			1995	4,305	323	10	322	(1)	4,305	16
17	20 Parking Blocks (20)			1996	654	65	10	65		594	17
18	285 Lower Level Renovation			1981	203,080		23			203,080	18
19	286 Lower Level Renovation			1982	35,963		22			35,963	19
20	287 Fixture Repairs & Refinish			1983	11,150		10	285	285	11,150	20
21	288 Trellis			1983	1,063		10			1,063	21
22	11 Loading Dock			1985	1,642	35	20	35		1,642	22
23	292 Deck			1992	2,574		10			2,574	23
24	293 Room Renovaton			1992	1,067		10			1,067	24
25	294 Lobby Renovation			1993	32,583		10			32,583	25
26	295 Central Supply Room			1993	1,697		10			1,697	26
27	296 ADU Cabinets			1994	1,365	114	12	114		1,337	27
28	297 Wallpaper			1994	776		8			776	28
29	28 Wallpaper			1995	1,181		8			1,181	29
30	29 Wallpaper			1995	194		8			194	30
31	30 Carpet Room 702			1995	203		8			203	31
32	31 Wallcovering Admin Office			1995	732		8			732	32
33	32 Conference Room Wing 2			1995	512		8			512	33
34	34 Lobby Carpet			1996	19,386	969	10	1,939	970	18,256	34
35	35 Kitchen Ramp Floorcovering			1996	526		8			526	35
36	37 Room Renovating			1996	969		8			969	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	299 Walk in Freezer	1975	\$ 2,853	\$	10	\$	\$	\$ 2,853	37
38	300 Sprinkler Installation	1976	11,240		20			11,240	38
39	301 Sprinkler Installation	1977	743		20			743	39
40	14 Generator	1980	9,500		20			9,500	40
41	302 Lite Fixture- Lobby	1982	4,634		20			4,634	41
42	303 Floor Covering Ramps Renovation	1982	1,116		10			1,116	42
43	304 Kitchen Air Vent	1982	650		20			650	43
44	309 Exhaust Fan	1984	2,800		20			2,800	44
45	311 Entrance Load Control	1985	13,672		15			13,672	45
46	312 Light Fixtures	1985	936		10			936	46
47	314 Water Softner	1987	699		5			699	47
48	315 Alarm System	1989	5,473		15			5,473	48
49	317 Wander Guard System	1990	7,685		8			7,685	49
50	318 Door Alarms	1990	1,461		8			1,461	50
51	319 Garbage Disposal	1990	951		10			951	51
52	320 Air Conditioning Condenser	1990	2,395	132	15	132		2,395	52
53	321 Air Conditioning Unit	1991	3,105	155	20	155		2,251	53
54	322 Management System (5 Units)	1991	1,163	78	15	78		1,118	54
55	323 Privacy Curtains	1991	11,200		10			11,200	55
56	324 Water heater Tanks	1992	12,622	841	15	841		11,639	56
57	327 Century Whirlpool Tub	1993	3,284	219	15	219		2,792	57
58	328 Laundry Machine Motor	1993	515		30			515	58
59	329 Assembly Room Sound System	1993	1,410	94	15	94		1,159	59
60	330 Wander Guard Door Monitor	1993	1,212		8			1,212	60
61	331 MTCO Telephone System	1993	12,883		10			12,883	61
62	62 Paging System	1994	707		3			707	62
63	63 ADU Door Monitoring System	1994	914		3			914	63
64	64 Upgrade Elevator	1994	3,298		10			3,298	64
65	65 Air Conditioning -Dining Room	1994	1,723	29	20	86	57	976	65
66	68 Hatco Toaster	1995	980	16	10	16		980	66
67	69 Fiber Optics Wiring	1995	4,645		5			4,645	67
68	70 Dining Room A/C Unit	1995	3,187	159	20	159		1,699	68
69	71 Wood Graphics Signs	1995	1,131		7			1,131	69
70	TOTAL (lines 4 thru 69)		\$ 3,175,094	\$ 60,666		\$ 62,146	\$ 1,480	\$ 1,768,643	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,175,094	\$ 60,666		\$ 62,146	\$ 1,480	\$ 1,768,643	1
2	73 Kitchen Shelves / Counter	1995	6,667	444	15	444		4,540	2
3	74 Parker Bath	1995	8,598		10	788	788	8,598	3
4	75 Magnetic Door Lock System	1996	2,846		10	285	285	2,799	4
5	76 Service Sink	1996	656	66	10	66		646	5
6	77 Nurse Call System	1996	21,777	2,178	10	2,178		19,781	6
7	78 A/C Unit -Central Supply Room	1996	3,515	352	10	352		3,399	7
8	79 Elevator Upgrade	1996	13,117	1,312	10	1,312		12,680	8
9	80 A/C Unit Laundry Room	1996	5,986	599	10	599		5,788	9
10	81 A/C Unit Kitchen	1996	5,688	379	10	569	190	5,451	10
11	82 Alarm System	1996	709		8			709	11
12	84 Tektone Door Alarm	1996	673		8			673	12
13	405 Vertical Blinds	1994	1,021		8			1,021	13
14	21 Landscaping	1997	3,116	312	10	312		2,701	14
15	22 Remodel Smoking Area	1997	553	55	10	55		483	15
16	38 Patient Room Renovation	1997	979		8	41	41	979	16
17	39 Lobby Renovation	1997	499	55	9	55		493	17
18	40 Sink & Counter for Empl.Lounge	1997	1,319	27	8	28	1	1,319	18
19	41 Fireplace Conversion	1997	2,762	138	10	276	138	2,393	19
20	42 Kitchen Waterline Replacement	1997	1,591	159	10	159		1,299	20
21	43 Chapel Renovation	1997	17,045	1,705	10	1,705		13,637	21
22	85 Nurse Call System Cords	1997	588		5			588	22
23	86 Addressable Fire alarm System	1997	11,790	1,179	10	1,179		10,513	23
24	87 Fire Alarm Annunciator	1997	985	99	10	99		855	24
25	88 Expansion Tank	1997	3,800	158	8	158		3,800	25
26	89 Door Security Upgrade	1997	2,843		10	284	284	2,463	26
27	90 Phone System Additions	1997	821	82	10	82		657	27
28	91 Bathtub	1997	6,080	608	10	608		4,864	28
29	92 Bath Lift	1997	3,294	329	10	329		2,634	29
30	23 Parking Lot Repair	1998	1,829	183	10	183		1,311	30
31	24 Landscaping	1998	700	70	10	70		519	31
32	44 Boiler Repairs	1998	2,415		10	242	242	1,913	32
33	45 Automatic Door	1998	3,651	365	10	365		2,799	33
34	TOTAL (lines 1 thru 33)		\$ 3,313,007	\$ 71,520		\$ 74,969	\$ 3,449	\$ 1,890,948	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,313,007	\$ 71,520		\$ 74,969	\$ 3,449	\$ 1,890,948	1
2	46 Wing 3 Renovation	1998	2,825		10	283	283	2,026	2
3	47 Dining Room Renovation	1998	13,665		10			13,665	3
4	93 Hall 3 Fire Detectors	1998	1,794	224	8	224		1,737	4
5	94 Hall 2 Fire Detectors	1998	2,994	374	8	374		2,869	5
6	95 Emergency Generator Repairs	1998	1,356	136	10	136		1,029	6
7	96 Free Standing Bath	1998	8,958	896	10	896		6,570	7
8	97 Security System/ADU Outdoor Gate	1998	1,127	141	8	141		1,010	8
9	98 Cable System	1998	24,353		5			24,353	9
10	99 A/C Lower Lobby - By Dining Rm	1998	3,604	360	10	360		2,522	10
11	25 Asphalt Repair	1999	2,467	247	10	247		1,563	11
12	48 Dining Room Renovation	1999	1,428		10	143	143	965	12
13	49 Hall 6 Renovation	1999	2,588	259	10	259		1,639	13
14	50 New Door for Entrance	1999	2,665	267	10	267		1,644	14
15	51 Hall 7 Renovation	1999	6,647	665	10	665		4,044	15
16	52 Bath Flooring	1999	2,018	252	8	252		1,534	16
17	53 Janitor Floor	1999	326	41	8	41		248	17
18	54 Hall 1 Renovation	1999	2,276		8	285	285	1,732	18
19	55 Electronic Eye Door-Main Entrance	1999	3,723	372	10	372		2,233	19
20	56 Office Renovation	1999	2,458	246	10	246		1,475	20
21	57 Lounge Renovation	1999	927	93	10	93		557	21
22	100 Door alarms Halls 1 & 3	1999	4,285	536	8	536		3,750	22
23	101 Fire Alarms Halls 1,6,7	1999	5,290	661	8	661		4,463	23
24	102 A/C Condensor	1999	1,001	100	10	100		651	24
25	103 Adjustable Sink	1999	2,569	321	8	321		1,927	25
26	104 Carousel Whirlpool	1999	16,897	1,690	10	1,690		10,139	26
27	105 Heating A/C Unit Hall 6	1999	998		10	100	100	599	27
28	26 Asphalt Repair	2000	2,352	235	10	235		1,234	28
29	58 Tempered Water System Redesigned	2000	14,400	720	20	720		4,080	29
30	59 Renovate Social Service Office	2000	3,422	342	10	342		1,910	30
31	106/107 Wanderguard Monitors	2000	2,591	324	8	324		1,849	31
32	108 New Boiler in Cleveland Steamer	2000	4,076	408	10	408		2,141	32
33	109 Octel 100 Voicemail System	2000	6,260		5			6,260	33
34	TOTAL (lines 1 thru 33)		\$ 3,465,347	\$ 81,430		\$ 85,690	\$ 4,260	\$ 2,003,366	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,465,347	\$ 81,430		\$ 85,690	\$ 4,260	\$ 2,003,366	1
2	110 Cable System Expansion	2000	1,844	338	5	338		1,844	2
3	27 Land Improve- Sidewalk Replacement	2001	485	48	10	49	1	199	3
4	60 Water System Installation	2001	41,500	2,075	20	2,075		10,202	4
5	61 Administrative Office - Carpet	2001	1,447	181	8	181		859	5
6	111 Fire Alarms- Halls 4 & 5	2001	6,436	805	8	805		4,024	6
7	112 Air Condition Unit Hall 6	2001	3,424	342	10	342		1,569	7
8	113 Door Alarms - Hall 7	2001	2,757	345	8	345		1,465	8
9	422 Elevator Safety Edges	2002	3,245	325	10	325		1,164	9
10	423 Reshingle - Memorial Hall	2002	739	37	20	37		123	10
11	424 A/C Condensor - HC Lobby	2002	785	79	10	79		269	11
12	425 Cable System Upgrade	2002	1,138	228	5	228		760	12
13	443 Sandblasted Redwood Signs	2002	736	105	7	105		324	13
14	447 Room 601 Construction	2003	34,315	1,716	20	1,716		4,576	14
15	448 Room 306 Bathroom Conversion	2003	21,425	2,142	10	2,143	1	5,714	15
16	449 PT Room Divider Curtain	2003	2,589	259	10	259		691	16
17	450 Crosslink II Traverline Carpet	2003	936	117	8	117		312	17
18	446 Insinkerator Disposer for Kitchen	2003	1,048	210	5	210		560	18
19	458 New Exit Doors & Keypads	2003	9,618	1,374	7	1,374		3,206	19
20	455 New Parking Lot	2003	9,378	782	12	782		2,020	20
21	451 Wallpaper -Rm 302/Hall#1/Dining Rm	2003	542	77	7	77		199	21
22	452 Wallpaper Stock for Room Renovations	2003	600		7	86	86	222	22
23	456 Asbestos removal - Dining Rm Floor	2003	10,520	1,503	7	1,503		3,507	23
24	457 Vinyl Flooring in Dining Rm	2003	12,700	1,814	7	1,814		4,233	24
25	463 Wallpaper Hall 2	2004	700	100	7	100		187	25
26	464 Expansion Dining Room	2004	2,612	174	15	174		325	26
27	472 Flooring for Elevator	2004	1,479	185	8	185		265	27
28	465 Walk-in Cooler	2004	8,043	804	10	804		1,441	28
29	468 469 Door Lock	2004	3,313	474	7	473	(1)	845	29
30	470 Telephone System	2004	16,115	1,612	10	1,612		2,729	30
31	471 Draperies	2004	733	105	7	105		198	31
32	509 Draperies	2004	974	139	7	139		237	32
33	477 Sealcoat Parking Lot	2004	2,479	826	3	826		1,034	33
34	TOTAL (lines 1 thru 33)		\$ 3,670,002	\$ 100,751		\$ 105,098	\$ 4,347	\$ 2,058,669	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,670,002	\$ 100,751		\$ 105,098	\$ 4,347	\$ 2,058,669	1
2	510 Landscaping	2004	2,778	278	10	278		409	2
3	516-519 528 529 531 532 536 574 Renovation on resident rooms, hallw	2005	670,114	29,087	30	22,276	(6,811)	22,276	3
4	535 Roof replacement	2005	414,304	13,810	30	13,772	(38)	13,772	4
5	527 530 Resident room doors and refinishing	2005	6,164	205	30	109	(96)	109	5
6	521 523 524 525 526 Carpet and Tile Flooring	2005	39,119	1,303	15	1,315	12	1,315	6
7	522 Wallpaper for lobby	2005	3,921	196	10	198	2	198	7
8	543 Sprinkler system	2005	71,880	2,396	30	2,389	(7)	2,389	8
9	540 541 542 Lighting resident rooms and lobby.	2005	4,754	137	30	84	(53)	84	9
10	548 Time clock system	2005	34,290	1,715	10	1,729	14	1,729	10
11	552 553 Privacy track, window rods, draperies	2005	5,678	717	7	809	92	809	11
12	515 Carpeting room 608	2005	758	71	8	71		71	12
13	537 Wiring Upgrade	2005	1,498	275	5	278	3	278	13
14	A/C condenser replacement	2005	4,775	194	15	187	(7)	187	14
15	547 Boiler replacement	2005	4,495	300	10	312	12	312	15
16	564 Asphalt Repairs	2005	1,200	120	5	121	1	121	16
17	520 533 534 Renovate Multi-Rm/Nurse Station	2005	85,586	1,427	30	1,438	11	1,438	17
18	568 Roof Replacement Dietary	2005	14,503	201	30	205	4	205	18
19	569 Nurse Station Bumper Guards	2005	491	41	5	39	(2)	39	19
20	570 Chimney roofing work	2005	2,180	36	20	36		36	20
21	571 Install sink	2005	1,345	22	15	23	1	23	21
22	554 Transfer switch	2005	2,549	182	7	194	12	194	22
23	555 Sprinkler system	2005	934	16	30	16		16	23
24	565 Air conditioning unit	2005	3,300	73	15	69	(4)	69	24
25	566 Sprinkler head	2005	1,458		30	2	2	2	25
26	567 Gas shut-off fire system	2005	2,600	29	30	29		29	26
27	572 Fire alarm	2005	11,087	123	15	152	29	152	27
28	573 Boiler pump	2005	3,986	33	10	17	(16)	17	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,065,749	\$ 153,738		\$ 151,246	\$ (2,492)	\$ 2,104,948	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$254,418	\$30,137	\$30,137	\$	various	\$163,517	71
72	Current Year Purchases	33,893	4,209	4,209		various	4,209	72
73	Fully Depreciated Assets	222,674				various	222,674	73
74								74
75	TOTALS	\$510,985	\$34,346	\$34,346	\$		\$390,400	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Transport	2001, Ford van	Mar-05	\$9,054	\$1,358	\$1,358	\$	5	\$1,358	76
77										77
78										78
79										79
80	TOTALS			\$9,054	\$1,358	\$1,358	\$		\$1,358	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$5,588,174	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$189,442	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$186,950	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(2,492)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$2,496,706	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	281 Walkway	\$21,141	\$481	\$11,972	86
87					87
88					88
89					89
90					90
91	TOTALS	\$21,141	\$481	\$11,972	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Process	\$175,000	92
93			93
94			94
95		\$175,000	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$	\$	\$	\$		\$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$	\$	\$	\$		\$	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 5,068,135	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 153,738	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 151,246	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (2,492)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,104,948	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-

9. Option to Buy:
- ☐ YES
- ☒ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO
16. Rental Amount for movable equipment: \$ 1,546 Description: \$1,496 - Copier; \$50 - Pager.
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:
- Beginning
- Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	\$
13.	/2007	\$
14.	/2008	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.		IN-HOUSE PROGRAM <input type="checkbox"/>	IN-HOUSE PROGRAM <input type="checkbox"/>
		IN OTHER FACILITY <input checked="" type="checkbox"/>	IN OTHER FACILITY <input checked="" type="checkbox"/>
		COMMUNITY COLLEGE <input type="checkbox"/>	HOURS PER CNA <u>40</u>
		HOURS PER CNA <u>80</u>	

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility		Contract	Total
		Drop-outs	Completed		
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments		550		550
8	CNA Competency Tests		50		50
9	TOTALS	\$	\$ 600	\$	\$ 600
10	SUM OF line 9, col. 1 and 2 (e)	\$ 600			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	<u>1</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	1

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost						
					Units	Cost				
1	Licensed Occupational Therapist	10a.3	hrs	\$	250	\$ 17,643	\$	250	\$ 17,643	1
2	Licensed Speech and Language Development Therapist	10a.3	hrs		439	30,561		439	30,561	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a.3	hrs		242	18,086		242	18,086	4
5	Physician Care	39.3	visits							5
6	Dental Care	39.3	visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39.2	# of prescrpts				44,365		44,365	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39.2								12
13	Other (specify): Medical Supplies	39.2								13
14	TOTAL			\$	931	\$ 66,290	\$ 44,365	931	\$ 110,655	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 343,333	\$	1
2	Cash-Patient Deposits	12,864		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (47,567))	566,011		3
4	Supply Inventory (priced at FIFO)	28,385		4
5	Short-Term Investments			5
6	Prepaid Insurance	85,032		6
7	Other Prepaid Expenses	15,968		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Intercompany	(92,586)		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 911,440	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	40,075		12
13	Land	2,386		13
14	Buildings, at Historical Cost	4,386,014		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	865,724		16
17	Accumulated Depreciation (book methods)	(2,187,568)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Construction in Process	175,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,281,631	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,193,071	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ (138,272)	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	(12,864)		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	(145,714)		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	(2,789)		32
33	Accrued Interest Payable	(5,222)		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
36	Other Current Liabilities(specify):			36
37	Accrued Expenses	(54,928)		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ (359,789)	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	(2,292,873)		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
43	Other Long-Term Liabilities(specify):			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ (2,292,873)	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ (2,652,662)	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,540,409)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ (4,193,071)	\$	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,285,311	1
2	Restatements (describe):		2
3			3
4	Rounding	1	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,285,312	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	255,097	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 255,097	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,540,409	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1		2	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,219,471	1
2	Discounts and Allowances for all Levels	(1,286,238)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,933,233	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	437,593	6
7	Oxygen	16,194	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 453,787	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	737	12
13	Barber and Beauty Care	3,945	13
14	Non-Patient Meals	68,823	14
15	Telephone, Television and Radio	16,576	15
16	Rental of Facility Space		16
17	Sale of Drugs	44,365	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,971	19
20	Radiology and X-Ray	1,527	20
21	Other Medical Services	159,185	21
22	Laundry	220	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 299,349	23
D. Non-Operating Revenue			
24	Contributions	95,106	24
25	Interest and Other Investment Income***	36,324	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 131,430	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Admission Fee	6,461	28
28a	Miscellaneous Expense	(580)	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,881	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,823,680	30

2		3	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,216,716	31
32	Health Care	2,530,650	32
33	General Administration	1,387,076	33
B. Capital Expense			
34	Ownership	266,035	34
C. Ancillary Expense			
35	Special Cost Centers	119,378	35
36	Provider Participation Fee	48,728	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,568,583	40
41	Income before Income Taxes (line 30 minus line 40)**	255,097	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 255,097	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,047	2,275	\$ 62,433	\$ 27.44	1
2	Assistant Director of Nursing	1,846	2,094	48,712	23.26	2
3	Registered Nurses	9,508	10,694	229,345	21.45	3
4	Licensed Practical Nurses	15,516	17,122	358,527	20.94	4
5	CNAs & Orderlies	94,219	103,684	1,089,601	10.51	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,090	3,443	43,604	12.66	8
9	Activity Director	1,864	2,099	32,155	15.32	9
10	Activity Assistants	8,086	8,768	86,189	9.83	10
11	Social Service Workers	4,848	5,356	61,632	11.51	11
12	Dietician	1,696	1,956	33,674	17.22	12
13	Food Service Supervisor	2,000	2,260	42,355	18.74	13
14	Head Cook					14
15	Cook Helpers/Assistants	22,751	24,241	250,130	10.32	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	11,455	13,005	149,508	11.50	18
19	Laundry	5,863	6,555	67,380	10.28	19
20	Administrator	1,980	2,700	95,265	35.28	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,117	4,555	50,449	11.08	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)Ward Clerk	1,755	1,928	28,387	14.72	33
34	TOTAL (lines 1 - 33)	192,641	212,735	\$ 2,729,346 *	\$ 12.83	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$	1.3	35
36	Medical Director	18	2,700	9.3	36
37	Medical Records Consultant	36	2,160	10.3	37
38	Nurse Consultant			10.3	38
39	Pharmacist Consultant	24	1,800	10.3	39
40	Physical Therapy Consultant	70	4,215	10a.3	40
41	Occupational Therapy Consultant	86	5,248	10a.3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	30	1,758	10a.3	43
44	Activity Consultant	8	497	11.3	44
45	Social Service Consultant	14	1,097	12.3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	287	\$ 19,475		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	31	\$ 1,116	10.3	50
51	Licensed Practical Nurses	616	20,507	10.3	51
52	Certified Nurse Assistants/Aides	4,841	86,355	10.3/10a.3	52
53	TOTAL (lines 50 - 52)	5,488	\$ 107,978		53

XIX. SUPPORT SCHEDULES								
A. Administrative Salaries		Ownership		D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount		Description	Amount
			\$	Workers' Compensation Insurance	\$ 127,691		IDPH License Fee	\$ 1,065
Roger W. Hasler	Administrator	-0-	95,265	Unemployment Compensation Insurance	8,845		Advertising: Employee Recruitment	21,321
				FICA Taxes	197,167		Health Care Worker Background Check	846
				Employee Health Insurance	228,289		(Indicate # of checks performed 87)	
				Employee Meals			Life Services Network of IL	3,292
				Illinois Municipal Retirement Fund (IMRF)*			Mennonite Health Services	10,319
				Employee Pension Plan	30,622			
				Employee Life/Disability	8,825		Dues & Licenses	506
				Employee Uniforms	910		Subscriptions & Newspapers	208
TOTAL (agree to Schedule V, line 17, col. 1)				Employee Physicals, Hep. B.	6,538			
(List each licensed administrator separately.)			\$ 95,265	Employee Appreciation	6,202		Less: Public Relations Expense (
B. Administrative - Other				Maple Lawn Homes, Inc. Alloc.	112,412		Non-allowable advertising	(4,527)
Description			Amount	Rounding	1		Yellow page advertising	(1,308)
			\$					
Maple Lawn Homes, Inc			400,000	TOTAL (agree to Schedule V,	\$ 727,502		TOTAL (agree to Sch. V,	\$ 31,722
				line 22, col.8)			line 20, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 400,000	E. Schedule of Non-Cash Compensation Paid			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				to Owners or Employees			Description	Amount
C. Professional Services				Description	Line #	Amount		
Vendor/Payee	Type		Amount			\$	Out-of-State Travel	\$
Heinhold-Banwart, Ltd.	Accounting		10,500					
Robert Rein	Consulting		6,816					
Leiken-Lankton	Legal		1,601				In-State Travel	904
Alliance Benefit Group	Section 125 Administration		2,031					
Reclassifications			499				Seminar Expense	2,913
							Entertainment Expense (
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V,	
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 21,447				line 24, col. 8)	\$ 3,817

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union?

No

(2) Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

Life Services Network of IL3,292

(3) Did the nursing home make political contributions or payments to a political action organization?

No

If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

7.85

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$36,523

Line

10.2

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement?

YES

x

NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

x

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$48,728

This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$

Has any meal income been offset against related costs?

Yes

Indicate the amount.

\$68,823

(16) Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

c. What percent of all travel expense relates to transportation of nurses and patients?

100% of Program

d. Have vehicle usage logs been maintained?

Yes

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$

(17) Has an audit been performed by an independent certified public accounting firm?

Yes

Firm Name:

Heinold-Banwart, Ltd.

The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?

No

If no, please explain.

Not issued at time of filing cost report.

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes

(19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?

Yes

Attach invoices and a summary of services for all architect and appraisal fees.

DPA 3745 (N-4-99)

IL478-2471